PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			25					RATE	FEE]	RATE	FEE
FOR			NUMBER	FILED	NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			# minus 20= * /			8	Ì	X\$ 9=		OR	X\$18=	276
INDEPENDENT CLAIMS			# minus 3 = * /			· //	l	X43=		1	X86=	96 96
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT				ŀ			OR		200
* If the difference in column 1 is less than zero, enter "0" in column 2						column 2	Į	+145=		OR	+290=	190
								TOTAL		OR	TOTAL	1470
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	OTHER SMALL I		
_						(Column 3)		, <u>.</u>	.			
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		= .	ı	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X43=		OR	X86=	
Ļ	FIRST PRESE	ENTATION OF MI	JUNPLE DEF	PENDENI	CLAIM		-	+145=		OR	+290=	
							L	TOTAL		 ~''		
										OR	TOTAL ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
٩ME	Independent	*	Minus	***		=		X43=		OR	X86=	
L_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		0.0	+290=	
								TOTAL		OR	TOTAL	•
		Α	DDIT. FEE		OR ,	ADDIT. FEE						
_		(Column 3)				_						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	t .	HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT. EXTRA		RATE	ADDI- TIONAL FEE		RATÉ	ADDI- TIONAL FEE
NDN	Total	*	Minus	1 1 ** ;		=	-	X\$ 9=		OR	X\$18=	
\ME	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESE	` -										
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								TOTAL ODIT. FEE		OR ,	TOTAL ADDIT. FEE	
		mber Previously Paid The Previously Paid							ropriate box	in col	umn 1.	